United Nations E/ICEF/2000/P/L.26

Economic and Social Council

Distr.: Limited
22 March 2000

Original: English

United Nations Children's Fund
Executive Board
Annual session 2000
22-26 May 2000
Item 7 of the provisional agenda*

For information

Summary of mid-term reviews and major evaluations of country programmes

Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs, evaluations and assessments described in the present report were conducted during 1999.

Introduction

1. During 1999, one mid-term review (MTR) — for the Republic of Moldova — was conducted in the Central and Eastern Europe, Commonwealth of Independent States (CIS) and Baltic States region. The outcome of the process was given at the official MTR presentation in June, half-way through the first five-year programme.

2. Several studies and key evaluations will also be highlighted in the present report, including: UNICEF emergency preparedness and response during the Kosovo crisis; school-drop out patterns in Kyrgyzstan; the primary health care (PHC) revitalization project in Azerbaijan; the sixth Regional Monitoring Report on the impact of the transition on the rights and well-being of women and girls; the Youth-Friendly Clinic in Kiev, Ukraine; the school-based trauma alleviation, peaceful problem-solving and peer mediation project in Croatia; and reporting on Education for All (EFA) 2000.

* E/ICEF/2000/9

00-35989 (E) 090500

Country mid-term review

Republic of Moldova

3. UNICEF began its country programme of cooperation in the Republic of Moldova in 1995 (E/ICEF/1995/P/L.31). The MTR process began with an annual review meeting in 1998, followed by field evaluations, thematic studies, desk studies of documents provided by the Government, the United Nations and UNICEF, and periodic sectoral meetings.

4. According to plan, a number of evaluations were conducted of the health and education programmes. Relevance to projects, impact and cost-effectiveness were among the main criteria considered in the design of the evaluations. The following project evaluations were undertaken: a case control study of acute respiratory infections/control of diarrhoeal diseases; the Baby-Friendly Hospital Initiative (BFHI) and perinatal care projects; cross-sectoral studies of the PHC reform, nutrition and perinatal care projects; a study of the early childhood individualized instruction ((PETI) project; a field study of institutionalized children; and a series of focus group studies to assess the knowledge and attitudes about children's rights.

5. **The situation of children and women**. The transition has had a dramatically negative impact on the standard of living of the general population, especially on the most socially vulnerable groups. The Republic of Moldova has the lowest gross domestic product (GDP) among CIS and Eastern European countries, with per capita GDP having fallen from $538 in 1997 to $454 in 1998 to $311 by the end of 1999. The majority of Moldovans live below the poverty line, with 80 per cent earning less than $2 a day. Exposure to this increased economic pressure means more tension in homes, leading to more broken families and domestic violence. The number of abandoned and neglected children is also on the rise. Some 15,000 children live in State-supported institutions which are unable to adequately cover their basic needs.

6. The most immediate negative impact of the dramatic changes has been on the health care system. At present, funds allocated to the health sector cover about 35 per cent of total needs. Approximately one half of the people included in a UNICEF survey said that they did not seek medical attention because they did not have the money to cover the costs of treatment and prescriptions.

7. The infant mortality rate (IMR) is estimated at around 18 per 1,000 live births and the maternal mortality rate (MMR) at 36 per 100,000 live births. These figures are 1.5 to 2 times higher than the rest of Europe. Hidden malnutrition affects the general state of health of the population, thus directly impacting children. According to the Ministry of Health, 45 per cent of expectant mothers suffer from anaemia.

8. The morbidity rate from infectious diseases has grown considerably. In 1998, the incidence of tuberculosis was 65 cases per 100,000 population, some 74 per cent higher than in 1990. Between 1991 and 1998, the number of detected cases of syphilis rose from 20 to 162 per 100,000 population, with over 50 per cent of all cases registered among young people from 14 to 24 years of age. HIV/AIDS infection has become a major threat to Moldovan society, especially to young people. At present, the Republic of Moldova is ranked third among CIS countries, with a general incidence rate of about 20 cases per 100,000 population. Approximately one half of those infected are children and young people between the ages of 10 to 24 years old.

9. The negative trends in the education system during this period are equally disastrous. Budget allocations for education cover only 8-10 per cent of the needs in the education sector. Access to early childhood development interventions is 50 per cent less than what it was in 1990. Buildings are deteriorating rapidly and kindergartens are being closed. Access to secondary education is down 30-40 per cent, and university and technical school attendance by 50-60 per cent. According to a survey, 15 per cent of the poorest children do not attend primary or secondary schools.

10. **Achievements and constraints**. The health programme has contributed to PHC reform and, through close cooperation with the Ministry of Health and the World Bank, has helped to shape the reform agenda. Both the perinatal care programme and BFHI were expanded, and the MTR case control study showed that they had a positive impact. The PETI project has developed new models of early child care and education, and has worked to establish a partnership among kindergartens, families and communities.

11. Important achievements in advocacy can also be seen in the establishment of the National Council for Protection of the Rights of the Child and the

appointment of a Children's Advocate within the Government. Moreover, in parts of the country, a local council responsible for child protection will be set up in each new *judet* (county). UNICEF support has contributed to the design of a national strategy on child and family protection under three major areas of reform: legal framework development; social services for families; and institutional reform. For the first time in the country, "social work" has been officially recognized as a specialization and included in the State nomenclature.

12. The overall evaluation of activities supported by the health programme indicates progress in achieving the objectives of reducing IMR, U5MR and MMR. Between 1995-1998, IMR declined from around 21 to 18 per 1,000 live births, U5MR from 27 to 22 per 1,000 live births and MMR from 41 to 36 per 100,000 live births. Progress appeared to stem from a process of uninterrupted implementation of cost-effective and efficient strategies and standards in the areas of maternal and child health.

13. Several constraints were identified through the MTR process. Decentralization has had an ambiguous impact on the health care system. Although new opportunities have developed, constraints such as poorly trained staff, weak legal bases and inadequate financial possibilities are evident. The delay in the health reform and the lack of coordination in the process are also seen as major drawbacks. A continuous decline in the economy and the lack of resources have led to the deterioration of the health status of the general population.

14. Other constraints have included the lack of government priority to social sector development. While the State insists that education is a priority, the education system is severely under-funded. Frequent changes in Government have created a lack of continuity among programme partners and has delayed many programme activities. There is also a lack of viable Moldovan non-governmental organizations (NGOs) and few international NGOs involved in the area of family and child support. Without the support of NGO partners, the expansion of programmes to local levels is limited.

15. Traditional family reliance on the State has led to a weak civil society. It is also evident that families have lost confidence in the reform process and lack the motivation to work at the community level. There is also no precedence or tradition of past cooperation among sectors at national or local levels, which affects the UNICEF intersectoral approach to child development.

16. **Assessment of programme strategies: lessons learned**. The MTR process identified several lessons learned during this first half of the programme cycle. The flexibility of the strategies adopted for the country programme has contributed to the more effective operation of the programme in rapidly changing conditions. In countries experiencing periods of such drastic transitions, a mixture of strategies is essential to offer the flexibility to respond to the changing conditions. The MTR exercise showed that the pilot projects on which the country programme was built had begun to progress beyond isolated projects. The models and strategies established for the projects were translated into a series of activities that have received national acceptance. The perinatal care programme, the BFHI project, some portions of the PHC reform project and the PETI projects were considered successful because of their rapid impact, and they are now going to scale.

17. Two of the major difficulties in maintaining the sustainability of projects identified through the MTR process were the vertical approach to the UNICEF-assisted projects and the lack of coordination among partners within the health sector, as well as among the health, social protection and education sectors. Analysing and encouraging elements of sustainability require new approaches and thinking, and there will be increased efforts to develop the capacity of human resources to carry out more sustainable projects.

18. Team-building is considered a very important area for UNICEF assistance. UNICEF has been effective in bringing together a wide range of actors involved in improving the conditions of children and women in the Republic of Moldova. In many instances, these efforts have resulted in a more coherent, comprehensive and integrated approach to the different sectors.

19. Collaboration with youth-oriented NGOs requires further strengthening. Lessons learned over the first years suggest that several areas of "youth-for-youth" activities require hands-on support. The success of the Child Rights Centre was due in part to the use of a full-time experienced coordinator, while the Centre for Information, Education and Communication for

Adolescent Health was coordinated by untrained volunteers.

20. The MTR process has revealed that successful advocacy requires a heavy demand on UNICEF staff. Strategy formulation and advocacy come about through continuous dialogue with partners. As a result of the increased commitment of staff time to technical assistance and training, as well as to increased management procedures, the current office structure needs to be reviewed.

21. **Country programme management plan**. Country management team meetings are scheduled each month. As a result of the discussion held after the MTR, it was decided to reduce the size of the team to five members to allow staff to focus more effectively on country programme implementation.

22. During the preparation of the MTR, the office structure, as well as the possibilities of adjusting it to emerging programming needs and activities, were examined. It was felt that the establishment of three programme assistant III posts — one each for health, education, and communication and social mobilization — would greatly facilitate the management of the country programme.

Major country programme evaluations

UNICEF preparedness and response during the 1999 Kosovo refugee emergency

23. As the result of the emergency response during the Kosovo crisis in the spring of 1999, the Department for International Development (DfID) (United Kingdom) and UNICEF conducted an evaluation to identify the strengths and weaknesses of UNICEF preparedness for such an emergency and the response to the crisis. The evaluation aimed to derive lessons learned and to incorporate recommendations into the country programmes that will face such crises in the future.

24. The methodology took into consideration both UNICEF evaluation guidelines and DfID humanitarian guidelines for organizational appraisal. The methodology included a background literature review, interviews of key players and beneficiaries, e-mail and telephonic consultations, short participatory workshops and group consultations with UNICEF staff and key partners, participation in programme coordination meetings, and field visits to Albania, The former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia, including Kosovo.

25. UNICEF displayed a number of actual or potential strengths in relation to this crisis, most of which are rooted in the organization's "value added" as a developmental agency as opposed to a purely emergency agency. The evaluation summarized that catastrophe was avoided and major epidemics did not occur largely due to the quick response of UNICEF and the fact that UNICEF was on the ground and operational preceding the emergency. The presence of UNICEF both before and after the crisis has provided it with a level of recognition, trust and knowledge that facilitated its programmes. The organization is seen to be people-focused, and the quality and commitment of UNICEF staff was exceptional. The majority of middle management positions were held by national staff, who had a better understanding of the needs and realities of the situation. UNICEF capacity in the area of public information and communication made it a potentially effective vehicle for channelling guidance to the public and agencies alike. UNICEF played a vital coordination role in key aspects, especially in education, and the existence of a wealth of experience and expertise in emergencies put UNICEF in a leadership role. Also key was the fact that UNICEF was operating in all countries of asylum, which greatly affected the comprehensive emergency package it was able to deliver.

26. Several aspects of the emergency response of UNICEF were seen to need improvement. As an integral part of UNICEF programmes, emergency contingency planning and preparedness have not been systematic in the countries affected. Although very competent individuals were deployed — and some rapidly — in general, human resources management in this emergency tended to be slow and somewhat erratic in getting the right person to the right place at the right time. The emergency supply and logistics chain was neither sufficiently rapid nor reliable for the scale of this emergency. While emergency financing was not a major difficulty, administrative procedures resulted in significant delays. Uniform tracking, monitoring and evaluation systems and approaches were not applied in the emergency, nor was adequate capacity available for

these functions. Implementation of core activities was inadequate in certain geographical areas. The impact of UNICEF policy advocacy on international agencies was inadequate on important occasions. Operations planning, monitoring and evaluation, and reporting require a more consistent and systematic approach, in addition to ongoing staff training and more effective tools. The evaluation goes on to say that although the emergency preparedness process that was the subject of a meeting held at Martigny, Switzerland, was welcomed and very timely, there was still a lack of clarity institutionally about how to mainstream an emergency response.

School attendance in Kyrgyzstan

27. The phenomenon of out-of-school youth is becoming a particularly disturbing trend throughout the region. In addition to studies in this area in Bulgaria, Latvia and Lithuania, UNICEF managed an assessment of school drop-out patterns in the southern districts of Kyrgyzstan. While official statistics reflect high rates of enrolment and attendance, increasingly, there is anecdotal evidence to suggest that school attendance is declining. This pattern was thought to affect particularly children in the 12- to 15-year-old age group.

28. Reviewing the attendance patterns of the 1998/99 school year, the report found that the anecdotal evidence was borne out by actual attendance. However, a range of factors mitigated against the official statistics system reflecting the drop in attendance. In some cases, schools found drop-out rates as high as 40 per cent. A key factor that discourages school managers from reporting drop-out cases is the linkage between school funding — based on a monthly per head fee — and attendance. At a time when education budgets are under immense pressure and low salaries for teachers are often paid late, the tendency to maintain artificially high statistics is understandable. Another important factor is the pressure placed on teachers to help children progress to the next grade, with few teachers willing to make children who have not met minimal standards repeat grades. The report also found that these patterns were evenly balanced between girls and boys, and that the rising trends of drop-out rates applied to both urban and rural schools.

29. Through interviews with numerous children and parents, the report found a significant range of reasons for non-attendance at school. Some of the factors that were used to explain the anecdotal picture of school attendance were relevant. Poverty was a key factor, with many children not attending in order to work, or because their families could not provide appropriate school clothing or supplies. However, other factors that had not been previously identified also appeared to be significant influences in non-attendance. A poor perception of the relevance of education was one factor in children dropping out; another factor was the nature of the teacher/class or teacher/student relationship. Many children felt that they were exposed to humiliation when coming to school ill-equipped, falling behind the mainstream in the class, or coming into conflict with the teacher.

30. Initially, the reaction to the report was not responsive. However, in the six months since the report was presented to the Government, there has been a deepening dialogue, reflecting growing concerns about the trend towards school drop-out.

31. Recent developments, related to the follow-up to the national report on Education for All (EFA), have led to an agreement among the Government, UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) to support a study to monitor learning achievement. Building on the initial assessment of the pattern of school attendance, this should track the consequences of dropping out of school. The country programme covering the period 2000-2004 (E/ICEF/1999/P/L.15/Add.1), approved by the Executive Board in September 1999, seeks to further define the nature of the problem and develop responses to it.

Evaluation of the Azerbaijan primary health care revitalization project

32. The serious worsening of health status and health services in Azerbaijan following independence from the Soviet Union resulted from a significant drop in incomes and government revenues. The project, which was analysed and evaluated by the London School of Hygiene and Tropical Medicine, Department of Public Health and Policy, was established as part of an attempt to reform the finance and delivery of care to ensure access to effective, efficient and equitable services. The evaluation used a range of methods and sources of data to assess project impact. The first two project

districts were selected for detailed examination, and one control non-project district was assessed.

33. Conditions in the country make it difficult to fully achieve the original goals of the project. In particular, the difficulty in introducing user fees and the large number of patients exempt from drug charges have reduced revenue as compared to the plans. In addition, the falling price of imported drugs has reduced the price at which UNICEF-procured drugs can be sold.

34. The impact of the project could be seen in terms of the main national health indicators, and local data were available for only some indicators for some districts. Therefore, the conclusions must depend more on the indicators of service quality, utilization and user attitudes. The assessment also covers the extent to which the project has contributed to the overall development and changes in the health sector. The level of use of services in the project districts is low, and there is some evidence that people resist using them because of the cost. However, satisfaction with the services seems to be improving, especially in relation to drug availability. Other indicators of success include some rapid rationalization of services (but not all in desirable directions), increased involvement of the community and direct support for better facilities, and some experience and training for local management.

35. Constraints to achieving the full benefits include the lack of local control of health sector resources, too high a level of exemptions to charges, and very scarce government funds. Incentives are often contradictory, with staff effectively provided free to the districts, but with other inputs to care being unavailable. The very low incomes of staff make greater efficiency difficult to achieve.

36. The project aims to assist in achieving wider change, and improved health and care. There is enough evidence of success to justify further development. This must involve learning the lessons from the pilot districts, as well as a new focus for the objectives and targets.

37. The report recommended that the PHC revitalization project could be used as a catalyst for broader change. The evaluation touched on a broad spectrum of issues, including legal, regulatory, policy, managerial and operational issues. In order to build on the progress made in the first few districts, a broader coalition of support is needed to address the positive elements identified by the evaluation. For example, changes must be made to a per capita-based formula for distributing funds to the districts; districts must be provided with more autonomy; an appropriate policy environment for health interventions, such as a sustainable exemptions policy, must be created; clearer roles and responsibilities for the Ministry of Health and district-level staff from the hospital to the PHC level must be developed; and health services must target high maternal morbidity and mortality through maternal and reproductive health interventions.

38. Evidence shows that the project has met only some of its planned goals, but there is a good case for expansion and development. Additional projects based on the lessons learned probably offer the best chance of making rapid progress in rebuilding the primary care system and meeting the basic health care needs of the population. Significant benefits from developing the project will come only if the lessons learned from the pilot districts are taken into account, and the goals of the project are adapted to the new circumstances. In particular, it is now clear that under current conditions, it is unlikely that surplus funds from the sale of drugs will provide a significant source of revenue for paying bonuses to staff or paying for other inputs to care. It may even be difficult to raise enough funds to pay the costs of drugs for those who are exempt from charges. This makes even more urgent the need to release resources from the government health budget. There may also be a need to secure further external assistance until the economy improves.

39. The decentralized nature of the project means that there are variations in policies adopted in the different districts. Some lessons learned have been applied, but some policies that have already been identified as creating barriers to care or bottlenecks in the flow of resources have not been updated.

40. The 1996 household survey found that almost one half of the most recent episodes of illness had not been treated at a government facility. This evaluation did not collect comparable data to assess whether the project had improved access to PHC. Wide variations in utilization by persons who are exempt from charges were identified from reports by health centres, but these reports do not capture any information on non-users. Cash charges for both drugs and consultations present a real barrier to care in a context where household incomes are low. A community-based

evaluation would be required to examine whether the project is making PHC available to those who need it.

41. In rural Azerbaijan, social and economic existence depends on credit and barter arrangements. Cash payments need to be collected so that the quality drug stocks can be replenished. This makes the project vulnerable because its revolving drug fund depends on revenues collected from sick people who feel that they can afford to pay. The effect of external factors, such as the importation of low-cost drugs after the collapse of the Russian rouble, demonstrates how quickly the revenue projections can change. A more equitable and stable set of mechanisms to fund essential services needs to be identified. This is likely to include greater efficiency in the use of government resources, a review of the exemptions policy and some recognition that full sustainability will have to await improvements in the economy. The original conditions under which the project was planned have changed so significantly that the planned funding flow is no longer feasible.

Women in transition: the MONEE Project Regional Monitoring Report #6

42. In 1999, the MONEE (Monitoring of Eastern Europe) Project at the Innocenti Research Centre in Florence produced the sixth Regional Monitoring Report on "Central and Eastern Europe in Transition: Public Policy and Social conditions". It focused on the impact of the transition on the rights and well-being of the 150 million women and 50 million girls who make up one half of the population of the 27 countries in the region. The report updates the major economic and social trends in the region, thereby providing the full context for investigating the circumstances of women. Moreover, it examines the links between gender equality and development, and reviews commitments made by the transition countries under the Convention on the Elimination of All Forms of Discrimination against Women. The following five thematic chapters show how the various dimensions of the economic, social and political transformation are imbued with gender issues: work; family life; health; safety from violence; and participation in decision-making.

43. Despite the many advantages that women enjoyed under communism, especially in education and health, gender equality has yet to be achieved. The report found that women face higher unemployment and lower real income than men. On the whole, women in the region lost more jobs than men, and out of the 10 million registered unemployed, 6 million are women. The report also analysed the effects of the reductions in child care; the deterioration of education and health services; the high rates of births to teen-age mothers; the high abortion rates; increasing drug and alcohol abuse; the spread of sexually transmitted diseases (STDs); and the increasing levels of gender-based violence, from domestic abuse to the use of rape as a weapon of war.

Evaluation of the Youth-Friendly Clinic in Kiev, Ukraine

44. The pilot Youth-Friendly Clinic in Kiev opened in December 1998 with the technical assistance of UNICEF. The Youth-Friendly Clinic evaluation was conducted one year later, six months after it became fully operational.

45. The clinic was set up to provide diagnostic care and treatment for young people and to offer support, advice and information about young people's health issues. The clinic also provides pregnancy testing (including pre- and post- counselling), cervical cytology, and STD diagnosis and treatment. It also acts as a referral service for HIV/AIDS. Young people are able to receive counselling and psychological support for sexual and other health problems. The staff of the clinic includes STD specialists, gynaecologists, family physicians, psychologists, young volunteers and other experts, all of whom have been selected based on competitive interviews.

46. The clinic has been decorated by the youth themselves and made to appear less clinical and more youth-friendly. The ability of the clinic to offer free medical and social care, irrespective of residence papers, was highlighted as very positive by several respondents.

47. The evaluation revealed the need for the clinic to develop a mechanism to keep it financially viable. It also stressed the need to ensure the dissemination of information and the training of all staff, relevant organizations and individuals in the concept of youth-friendly services. This training must also include a mechanism to achieve identified targeting of the most vulnerable youth, including street children, drug users

and commercial sex workers. Periodic reviews of outreach strategies must be conducted.

48. Young people have made significant improvements in the environment of the clinic, which must be sustained to promote ownership. It was recommended that a television and video be added to the project as a vehicle for information dissemination.

49. Although the project is just being developed, it will be monitored closely as it will offer an effective strategy and significant lessons learned to assess whether the approach taken can be replicated in other parts of the country as well as within other countries in the region.

School-based trauma alleviation, peaceful problem-solving and peer mediation project in Croatia

50. Since the beginning of the implementation of the project, evaluation has been introduced as a regular process using students' self-assessments and through assessments of group meetings by teacher trainers. The methodology included questionnaires; interviews with pupils, parents and teachers; and written work by students. Specific situations in schools in the Eastern Slavonia and Knin areas affected programme implementation and, subsequently, the evaluation process.

51. The plan was to complete a qualitative analysis at the end of the second semester in 1997/98, immediately following the academic year. However, many schools delayed the start of the project and finished the first part in May 1998, with the intention of continuing the second part in the autumn of the next school year. Another fact complicating the project and evaluation was the substantial change in the number of children and the ethnic structure, as well as the change of teachers at the beginning of the new 1998/99 school year. This was due to the two-way return process to the areas of Eastern Slavonia and Knin.

52. The results also show that 78 per cent of children were attending workshops on a regular basis; 65 per cent felt that relationships in the classroom greatly had improved since the start of the project; 91 per cent felt that the project had improved their self-esteem; and 92 per cent felt that they had learned how to solve problems more creatively and how to express anger or rage without violence. When asked whether they would like to continue with the programme in the next school year, the children replied positively.

53. The teachers running the programme for the second or third year noticed some changes in their work from the previous year. These changes were related mainly to progress in facilitating and teaching skills. They improved their ability to adjust certain activities and their feedback to children's reactions. Generally speaking, the programme has been widely accepted and is seen to be very positive by parents.

54. Sixth grade students feel more comfortable and accepted in the group, they are readier to cooperate and talk during the session, and they find the themes more useful and the school success better than the fourth grade children. Given that the programme is more successful and useful to sixth graders than to fourth graders, it is recommended that the programme be extended to include more sixth grade students (or higher grades in general).

55. Parents have positive opinions about the programme and agree with the methodology, although the majority of them wanted more information. The majority of parents would give their consent again for their children to attend such a workshop. This indicates that the programme and teaching methods have to be explained to parents more often through comprehensive workshops.

56. Support from school management was seen to be essential to the success of the programme. The teachers who have been working on the programme the longest — for three consecutive years (1996/97-1998/99) — are the ones who are most satisfied with the support provided by school management for the realization of the programme.

57. The evaluation of this project has added to the region's information on psychosocial interventions. As UNICEF programmes are continually faced with conflict situations and subsequent psychosocial interventions for children, evaluations in this area are invaluable to improve countries' capacities to implement projects in emergency situations.

Education for All 2000 reporting

58. As mentioned earlier, UNICEF country offices in the region provided important assistance to country

Governments to prepare the EFA 2000 reports. Assessments by all countries were completed, except for Albania and the Federal Republic of Yugoslavia, both of which experienced major emergencies. The reports largely confirmed the trends that were reported in last year's MONEE report, "Education for All", and the data collected established a baseline by which countries can now assess improvements over the next 5 to 10 years. Not only is this baseline data important for future assessments, but the exercise mobilized ministries of education, other donor agencies, especially the convening agencies of EFA, NGOs and institutes, to work together to collect and analyse the data. The assessment could be seen as a capacity-building process and assist future education projects in the region.

59. The Caucasus and Central Asian countries presented their reports in Bangkok, Thailand, while the rest of the region presented them in Warsaw, Poland. Both regional reports will be synthesized with those of other countries that attended these regional groupings and will be presented in Dakar, Senegal, at the global EFA conference in April 2000.

Conclusions

60. The Republic of Moldova is the last country in the Central and Eastern Europe/CIS and Baltic States region to undergo an MTR in this cycle of country programme recommendations. The lessons learned from this exercise, as well as from the previous two years of MTRs, have served as a catalyst for enhancing and streamlining UNICEF collaboration with the Government and other national and international partners on priority issues related to the survival, development and protection of children and young people.

61. During the next year, the culture of evaluation still needs to be strengthened in UNICEF and among counterparts, and will continue to receive priority attention. As this is the year during which countries will be working on the end-decade assessment of the World Summit for Children goals, much of the office assessment efforts will be focused on achieving reliable data to assist countries in this effort.